December 15, 2000

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UTILITY PATENT APPLICATION TRANSMITTAL

04255.00002 Attorney Docket No. First Inventor Brian K. Dieckgraefe GENE MARKERS FOR CHRONIC MUCOSAL INJURY Title Express Mail Label No.

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Assistant Commissioner for Pate APPLICATION ELEMENTS ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 1. 🛛 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) 3. Specification [Total Pages a. Computer Readable Form (CRF) (preferred arrangement set forth below) b. Specification Sequence Listing on: - Descriptive title of the Invention i. CD-ROM or CD-R (2 copies); or Cross References to Related Applications ii. 🛛 paper - Statement Regarding Fed sponsored R & D c. X Statements verifying identity of above copies Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention **ACCOMPANYING APPLICATIONS PARTS** - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) 10. 🔲 37 C.F.R.§3.73(b) Statement Power of **Detailed Description** (when there is an assignee) Attorney Claim(s) - Abstract of the Disclosure 11. 🔲 English Translation Document (if applicable) 4. 🛛 Drawing(s) (35 U.S.C.113) 12. 🛛 [Total Sheets 1 Information Disclosure Copies of IDS 1 Statement (IDS)/PTO-1449 Citations 5. Oath or Declaration [Total Pages | 2 13. 🔯 **Preliminary Amendment** a. Newly executed (original or copy) 14. 🔲 Return Receipt Postcard (MPEP 503) b. Copy from a prior application (37 CFR 1.63 (d)) (Should be specifically itemized) (for a continuation/divisional with Box 18 completed) 15. 🔲 Certified Copy of Priority Document(s) i. DELETION OF INVENTOR(S) (if foreign priority is claimed) Signed statement attached deleting inventor(s) 16. 🔲 Request and Certification under 35 U.S.C. 122 named in the prior application, see 37 CFR (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: □ Continuation □ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09 / 146,969 Prior application information: Examiner L. Arthur Group / Art Unit: 1655 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied

17. 🔲

Other:

under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS										
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Name										
Address										
City			State		Zip C	ode				
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Name (Print/Ty	ne) Sarah A Kan	an		Registration No. (Attorne	ω//Δα	vent)	22 141			

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Patent fees are subject to annual revision.

	Complete if Known	
Application Number	T/B/A	
Filing Date	November 15, 2000	22
First Named Inventor	Brian K. Dieckgraefe	.O.
Examiner Name	L. Arthur	5 C
Group / Art Unit	1655	00 to
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Depo Acco		19-0	733			*****		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Num		1,00						105	130	205	65	Surcharge - late filing fee or oath	
Depo	nsit							127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Acco		Bann	ner & Wit	coff, Ltd.			ł	139	130	139	130	Non-English specification	
Nam	-							147	2,520	147	2,520	For filing a request for reexamination	
☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17						112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
	Applicant See 37 (FR 1.27		y status.				113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2.	Payme	nt Enclo	sed:					115	110	215	55	Extension for reply within first month	
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1, E	BASIC FI	LING FE		ALCULATION	- · · · · · · · · · · · · · · · · · · ·			118	1,390	218	695	Extension for reply within fourth month	
Large	Entity	Small	Entity					128	1,890	228	945	Extension for reply within fifth month	
Fee	Fee	Fee	Fee	Fee Descripti	on			119	310	219	155	Notice of Appeal	
Code	(\$)	Code	(\$)				Paid	120	310	220	155	Filing a brief in support of an appeal	
101		201	355	Utility filing fee		710		121	270	221	135	Request for oral hearing	
106 107		206 207	160 245	Design filing fee Plant filing fee	е			138	1,510	138	1,510	Petition to institute a public use proceeding	
108	710	208	355	Reissue filing t	ee			140	110	240	55	Petition to revive – unavoidable	
114	150	214	75	Provisional filli	ng fee			141	1,240	241	620	Petition to revive – unintentional	
								142	1,240	242	620	Utility issue fee (or reissue)	
		SI	UBTOTA	L (1)	l	(\$) 7	710	143	440	243	220	Design issue fee	
2. EXTF	RA CLAI	M FEES						144	600	244	300	Plant issue fee	
				Extra	Fee from		Fee	122	130	122	130	Petitions to the Commissioner	
Total Clain	ns	-20	0** =	Claims 0 X	below	= [Paid 0	123	130	123	130	Petitions related to provisional applications	
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Multiple Dependent				x		= [0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Large	Entity	Small	Entit	у				146	710	246	355	Filing a submission after final rejection	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descri	otion							(37 CFR § 1.129(a))	
103	18	203	9	Claims in ex	cess of 20			149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
102	80	202	40	Independen	t claims in e	excess	of 3						
104	270	204	135	Multiple dep	endent clair	m, if n	ot paid	179	710	279	355	Request for Continued Examination (RCE)	
109	80	209	40	** Reissue i original pate		t claim	s over	169	900	169	900	Request for expedited examination of a design application	
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			S	UBTOTAL (2)	(\$) 0			Other fe	ee (specif	y)			
**or num	ber previo	usly paid,	if greater	, For Reissues, s	see above		_	*Reduc	ed by Ba	sic Filin	g Fee Pa	sid SUBTOTAL (3) (\$) 0	

SUBMITTED BY Complete (if applicable)											
Name (Print/Type)	Sarah A. Kagan	Registration No. Attorney/Agent)	32,141	Telephone	(202) 508-9151						
Signature	Sarah	a vace		Date	December 15, 2000						

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